An Essay

on

Placenta Praevia.

Respectfully Submitted to the Faculty

of the

Homœopathic Medical College

of

Pennsylvania;

For

The Degree of Doctor of Medicine

By

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Wilmington Del.—

Phila. Jan. 31st. 1866.—

Placenta praevia is that form or state of Uterо gestation in which the placenta is inserted over the rect of the Uterus. — or, so near as to form the presenting part, or that part which is first detected on examination per vaginam.

It is derived from two latin words prae, before, and via, way, which is quite appropriate. —

It is used by some as almost synonomous with unavoidable Hemorrhage, but more properly speaking it is a cause of, more than an equal with that condition. —

Of all the deseases and complications we are called upon to treat puerperal hemorrhage is one of the most serous,

indeed I might almost say the most serious for not only the life of one but of two human beings is concerned, And again there are few deseases more dangerous and universally fatal; according to Churchill 1. in every 3. Mothers has perished under the best accoucheurs when the placenta has been inserted over the cervix; thus causing unavoidable puerperal hemorrhage and of course the mortality among infants was proportionately great.

Then again the frequency of its occurance and the necessity of prompt action make it imperative that we should be ready with our treatment both mechanical and therapeutical for a hesitations or delay

may bring dishonor to the name, and remorse to the conscience of a conscientious practitioner; because he is young and had but little experience will afford him but little excuse for the loss of either or both mother and child, lives almost equally dear.—

Placenta praevia being only one of the causes of puerperal hemorrhage it behooves the student of medicine to exert himself for the field is indeed wide and his responsibility great.

But to our subject.— the human ovum being fecundated in the ovary passes into the uterus through the Fallopian tubes, where it is received by the congested mucus membrane of that organ forming as it were a

cushion for it, where it lodges in its folds, usually near the fundus; but if from any cause it is allowed to fall down to the neck it is there developed and wherever developed the placenta is there planted.

As to the real cause of this abnormal position but little is known beyond speculation and indeed the causes may be as varied as the cases. Though I believe it is generally caused by some latent or visible condition by which the vital powers of the mother are wrongly directed.—

Its diagnosis is in most cases not very difficult;— it always causes hemorrhage which is apt to come on without any known causes and almost

always during the last months of pregnancy: The first attack is mostly small and soon over but will be followed sooner or later by others of more serious character.

The gush of blood is usually during the pain, whereas from most other causes it will happen between the pains.

This may be accounted for from the fact of the vessels being opened by the contraction, whereas if the placenta be on the fundas they will be closed.— This symptom will be of less value after the membranes are ruptured as then the child's head will press on the parts and thus serve as a plug, pressing from within outward, Though the flow will mostly still retain a certain amount.

As to prognosis I need say but little for all know two well the gravity of such cases.— Churchill's statistics are before spoken of, and Dr. R. Lee of London reports losing ten mothers out of thirteen, which surpasses almost all serious surgical cases and indeed even Epidemic diseases.

Having thus casually discribed placenta praevia we turn now to find a treatment,— for there are few diseases for which nature will or does do less.— There have been many different modes of treatment recommended for this as for all complications requiring mechanical interference, Each in its turn as it was found unstable fell to give place to new theory and

experiments so at the present time we will only consider two or three different modes as being about all that are worthy of consideration

Our objects to be attained are as follow.— 1st. to save the mother.— 2nd. to save the child.— and 3rd to insure as speedy a recovery as possible.— and that treatment which will answer the most of these conditions in the most cases is certainly the one which would be adopted by all thinking practitioners.—

The first we will consider is that of turning.— Now all know the dangers and difficulties attendent upon this operation.— and indeed the conditions required for its accom-

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The placenta may be wholly detached during the operation and the child's life thus very

much endangered if not sacrificed.

And lastly the nervous shock of such an serious operation may be more than the reduced system of the mother can withstand.—

Again statistics show that the practice of version is not only dangerous to the mother but equally if not more so to the child.—

M. Ritcke's tables show that 1 mother in 10.4 died while of children 1. in 1.28.— Churchill puts it down at 1 in every 3 children lost while Cazeaux mentions from experience a loss of from 2/3 to 3/4.—

These results speak very unfavorably for turning and call loudly

for a known successful mode of treatment.

Prof. Simson has advanced another which he at first endeavored to make apply to all cases — it is the detachment and delivery of the placenta before the birth of the child.

This mode of treatment was prompted from the fact of a few cases having done well in which the contractions forced the placenta away before the child, at first thought one would suppose this treatment out of all reason, — but we must give the prof.'s statistics credit of being an improvement on turning, and on examining it

we will at once say it must be very hazardous to the child, as the removal of the placenta would at once destroy its connection with the mother, but can it be more fatal when we have one statistics in turning showing a loss of 1 in 1.28 ?— and further we must admit it would not endanger the life of the mother so much as turning which is certainly an improvement on that method — again it could be practiced in cases which would not admit of version.

Prof. Simson has met with so much opposition to his mode of treatment that he has restricted it to certain conditions which are

"1st. when the flooding has resisted the principal measures, and especially the evacuation of the waters.

2ndly. When the slight development or dilation of the cervix or contraction of the pelvis render turning or any mode of artificial delivery dangerous or impossible.

3rd. When the death or immaturity of the foetus restricts the duty of the accoucheur to caring for the safety of the mother".—

These two modes are the principal ones adopted by writers on the subject and one cannot help being struck with the disadvantages of either; the "young Doctor" especially will shudder

when he thinks his popularity may depend on so great an uncertainty and he will naturally ask if there is no other mode to which he may look with more certainty and insure more safety to mother and child as well as to his success.—

He may be answered in the affirmative and told that the teachers of our College favor a treatment eminently superior to any thing extant at the present day.— It is the perforation of the placenta and allowing the child to pass through it.—

It is a mode spoken of by older writers though not

though not favored by authors generally.

It has been successfully tried by Dr. Nicloby chki - a Homoropathic physician of Edinburgh and proved not only in theory but in practice to be vastly more successful than any treatment for placenta previa hitherto for advanced). —

Some of its advantages may be summed up in a few words.

The conditions under which it may be performed are such as to exclude it from no case in which turning would not have been necessary had the case not been placenta previa. —

It does not require waiting till the os or other parts are

suppleness dictated to admit of turning. —

The hemorrhage almost always is stopped as soon as it is performed The child's head acting as a plug from within outward. — and prevents bleeding as a surgeon's fingers pressed upon a bleeding part. —

It will not produce inertia of the womb from a too sudden extraction of its contents which would have to be the case to preserve the child after the placenta was detached and delivered first.

No forcible means are required thus not endangering the mother and still more so as it produces no nervous shock. —

It does not separate the placenta and thus does not endanger the life of the infant much beyond an orderly labor. —

And lastly but not least the young physician will hail with joy any operation to avoid turning which not only requires skill but experience. —

These are but few of the advantages of the operative, the limits to which I intend bringing my "Thesis" will not allow more than the pith of the subject and none of the disadvantages which of course we must expect to find with all modes so I leave the reasoning mind to

draw its own parallels of the operations, and only a moments thought will convince him which mode of treatment will approximate fulfilling the conditions we stated near the commencment viz. 1st to save the mother. 2nd. to save the child. and 3rd. to insure as speedy a recovery as possible. —

Of the twelve cases published by Dr. W. we have as follows- not a single mother lost- and of the children only three, two of which were putrid — and one only six months gone — it might be added that one child only lived five hours but no cause is

given for its death — It would be quite unnecessary for me to compare these with the other statistics I have already given.

I have no other statistics to give further than to say it has been successful in the hands of H. N. Guernsey as mentioned in a lecture before the class. —

As to the mode of operating which is quite simple I will only give a mere synopsis — which indeed would be all that could be necessary to one understanding obstetrics. —

Placing the patient on her left side and with the ~~left~~ right index finger we find one

of the deep recesses between the lobes of the placenta - and pass a small catheter along the finger until it passes upon the placenta between the lobes, now pressing it firmly when the contraction comes on, when it will be felt to pass through and the liquor amnii will commence to flow away slowly - this done withdraw the catheter keeping the finger in situation to dilate the opening and lift up now and then the presenting part to allow the liquor to escape slowly

When the head or presenting part is engaged withdraw the finger and leave nature to complete

her work as in ordinary cases.—

As Symptoms arise administer The proper Homopathic remedy both during and after labor which will add greatly in bringing about the third condition or a speedy recovery.—

Z. D. Walter.—